

#### DAHO DEPARTMENT OF

# HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

November 8, 2007

Duke Van Campen, Administrator The Haven 1119 West Hudson Avenue Nampa, ID 83651

License #: RC-832

Dear Mr. Van Campen:

On October 4, 2007, a complaint investigation, follow-up/revisit, state licensure survey was conducted at The Haven. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Pully Watt- Deier, MSW

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, MSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

PWG/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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October 15, 2007

Duke Van Campen, Administrator The Haven 1119 West Hudson Avenue Nampa, ID 83651

Dear Mr. Van Campen:

On October 4, 2007, a follow-up visit to the State Licensure survey/complaint investigation of June 12, 2007, was conducted at The Haven. The core issue deficiencies issued as a result of the June 12, 2007 survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 4, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/sc

c:

Lynne Denne, Program Manager, Regional Medicaid Services, Region III - DHW



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

### ASSISTED LIVING Non-Core Issues Punch List

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Facility Name			Physical Address	Phone Number	Phone Number	
The Haven			1119 W. Hadson	41,5-18	465-1829	
Administrator			City	ZIP Code		
Duke Van Campen Survey Team Leader Polly Watt-Geier			Nampa Survey Type	83651		
Survey Team Leader				Survey Date		
			Follow-up Survey	10/4/0	7	
NON-CORÉ ISSUES						
ITEM #	RULE# 16.03.22		DESCRIPTION		DATE BFS RESOLVED USE	
1	305.W	The facility RN did not	ensure pro medication orders lent #3's Tramadol were corres	for Peridual	10/4/07 118	
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			Meas S V E I I C			
	OCT 3 1 2007					
	FACILITY STANDARDS					
Response Required Date		Signature of Facility Representative			Date Signed	
11]	14/07	Cynthia Will	ions		10/4/07	